

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. : FILING DATE

10/089822

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5	1					
6		1				
7		1				
8		2				
9	1					
10		1				
11		1				
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	14					
TOTAL	17					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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